

March 10th, 2023

Education Committee 210 Capitol Avenue Hartford, CT 06106

Co-Chair Currey, Co-Chair McCrory, and members of the education committee,

Good afternoon, My name is Guy Stephens. I am the founder and executive director of the Alliance Against Seclusion and Restraint (AASR). AASR is an international organization I started four years ago after my son was inappropriately restrained, secluded, and traumatized in a public school in Maryland. Today we have a community of over 22,000 parents, self-advocates, teachers, school administrators, paraprofessionals, and others. Our mission is to influence changes in policy and practice to reduce and eliminate the use of punitive discipline and outdated behavioral management approaches and end the school-to-prison pipeline. I am writing to you today in support of Bill No. 1200.

Hearst Media recently covered the issue of restraint and seclusion in Connecticut schools. It is past time to prohibit seclusion in Connecticut schools. Seclusion is never an appropriate intervention for a child. While some might suggest that seclusion is required and safe, it is not. There is nothing therapeutic about putting a young, disabled child in a room alone and holding the door shut. It is terrifying. Children forced into isolation rooms often bang on the door and walls to escape. They panic and beg to be let out. In 20 or 30 minutes, they might slide down against the wall and hold their heads down. They are not reflecting on what they did. They are not calm. The child's brain enters into a protective shutdown state due to the hopelessness and stress of the situation. Some children even go into dissociative states. The trauma inflicted on the child changes their brain. Trauma increases the likelihood that they will become hypervigilant, which is likely to increase stress behaviors.



Today, we know the brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. We also know that traumatic stress can be associated with lasting changes in these brain areas. The amygdala detects threats in the environment and activates the "fight or flight" response. The use of restraint and seclusion can lead to actual changes in the brain. Children who have been traumatized may not feel safe and may enter a hypervigilant state, leading to distress behaviors when the child becomes overwhelmed or triggered. When demands on a child are made that they cannot meet, the situation may escalate. The current approach in many classrooms that focuses on compliance may lead to a fight, flight or freeze response, leading to punishment and retraumatization, feeding the classroom trauma cycle.



It is time to shift to approaches that are relationship-based, trauma-informed, neuroscience-aligned, developmentally appropriate, individualized, biologically



respectful, and collaborative to support all children, teachers, and staff in schools across Connecticut. This is a critical moment in time for moving forward. We need to base safer schools around current neuroscience to help us face the challenges in our classrooms. The COVID-19 pandemic has increased stress and led to significant trauma for many as families suffered from loss and a changing world. Due to the increased stress and trauma, our teachers and staff are likely to face more children in distress that need connection, not compliance and safety, not consequences. So many children face nothing but consequences, and the outcomes are devastating.

When we can do better, we must do better. We can reduce and eliminate restraint and seclusion and create safer classrooms for students, teachers, and staff. Thank you for your time today. Please support this critical bill.

Respectfully,

Guy Stephens

Founder and Executive Director

Alliance Against Seclusion and Restraint